Eastern Band of Cherokee Indians
TRIBAL FOOD DISTRIBUTION
P.O. Box 1123 Cherokee, North Carolina 28719
(828) 359-9751

Application Checklist: TO SPEED UP YOUR APPLICATION, bring the following to your certification appointment if it applies to your household.

PROOF OF INCOME:

- ☐ PROOF OF INCOME FOR ALL MEMBERS OF HOUSEHOLD for the last 30 days. If paid weekly you should bring in your last 4 most recent check stubs. If paid bi-weekly, you should bring in your last 2 most recent pay check stubs.
- ☐ SSI or SOCIAL SECURITY BENEFITS. Current award letter.
- ☐ RETIREMENT: Verification of any pensions or retirement benefits.
- ☐ CHILD SUPPORT: Verification of any child support you received.
- ☐ SELF-EMPLOYMENT: Tax Return from last year if claiming self-employed.
- ☐ STUDENTS: Financial Aid Form.

PROOF OF *NO* INCOME: Verification of no income (e.g. written letter from someone outside of household familiar with your circumstances, must be signed and dated.)

IDENTIFICATION:

- ☐ Current Photo ID of Head of Household/Applicant
- ☐ Tribal Enrollment Cards for all members of household
- ☐ Social Security Cards for all members of household
- ☐ Current Photo ID of Authorized Representatives (if listed on app.)

PROOF OF RESIDENCY: **One (1) document verifying: Physical Address & Mailing Address if the same:** *Examples*: Utility bill in the applicant's name (head of household); a letter from landlord stating you rent or lease; letter from 911 office verifying physical address; current NCDL listing physical address,etc. **One (1) document verifying Mailing Address if different than Physical Address.**

MEDICAL EXPENSES: Documentation showing excessive monthly medical expenses (more than $35/month) of any elderly (60+ yr) and/or disabled persons living in the home.

COURT DOCUMENTS:

- ☐ KINSHIP/GUARDIANSHIP: Court Ordered.
- ☐ CHILD SUPPORT ORDER. If you pay, verify amount paid.

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APPLICATION

FOR OFFICE USE ONLY
Date Received:_____ File Number: _____
Time Received:_____

Instructions: Complete the following information. If you **refuse to cooperate/provide verification,** your application will be denied. You must provide proof/verification of all income and allowable deductions.

Name (Head of Household): _____ County: _____

Mailing Address: _____ Household Size: _____

City/State/Zip Code: _____ Telephone No.: _____

Physical Address: _____ _____

City/State/Zip Code: _____ _____

Directions To Your Home: _____

HOUSEHOLD MEMBERS: Complete the following for each member of your household. Your household means yourself and the people who live with you. List your name first. (Attach a separate sheet if you need to list additional household members.)

NAME(S) OF ALL HOUSEHOLD MEMBERS *(Last, First, Middle Initial)* . **Please Print**.	**RELATIONSHIP TO HEAD OF HOUSEHOLD** *(self, spouse, daughter, son, cousin, etc.)*	**DATE OF BIRTH**	**SOCIAL SECURITY #**
1.			
2.			
3.			
4.			
5.			
6.			
7			
8.			
9.			
10.			

Are you or anyone in your household currently receiving SNAP (formally Food Stamp Program)? ☐ **Yes** ☐ **No**

Have you or anyone in your household recently applied for SNAP? ☐ **Yes** ☐ **No List Names:**_____

Have you or anyone in your household been disqualified from SNAP for an intentional program violation?
☐ **Yes** ☐ **No.** If yes, list name(s):_____

OFFICE USE ONLY: Checked for Dual Participation - Date Called: Time: Spoke With:

Notations: _____

_____

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INCOME (EARNED & UNEARNED): List income from all sources for each household member including wages, social security, SSI, TANF, general/public assistance, foster care payments, unemployment or worker's compensation, child support, alimony, pensions, Veteran's benefits, work/training allowances, etc. Verification of income is required for all household members (pay check stubs, award letters, etc.). Households with earned income must provide a full month's wage statements. Attach a separate sheet, if you need to list additional household members.

HOUSEHOLD MEMBER	EMPLOYER/ SOURCE OF INCOME	TYPE OF INCOME (Wages, Social Security, TANF, Child Support, etc.)	GROSS AMOUNT	HOW OFTEN PAID Monthly, Bi-weekly, Weekly

SELF-EMPLOYMENT INCOME: Are there any members in your household who are self-employed? ☐ **Yes** ☐ **No** If yes, complete the following section. Payment from rental property, roomers, boarders, farming, ranching, and/or operating your own business is considered to be self-employment. Please provide a copy of last year's Federal Income Tax form (1040, Schedules F, C, E, if applicable, or other proof of self-employment costs and income (current books showing income and expenses).

HOUSEHOLD MEMBER	TYPE OF BUSINESS (Farm, Ranch, Rental, Day care, etc)	OCCUPATION	Is your self-employment the primary source of income for meeting your living expenses?

STUDENTS: Are there any students in your household who receive education grants, scholarships or loans? ☐ **Yes** ☐ **No**
If yes, complete the following section. Please provide verification.

HOUSEHOLD MEMBER	AMOUNT OF LOAN/GRANT	PERIOD OF TIME FUNDS INTENDED TO COVER	TYPE OF PAYMENT (Pell Grant, Student Loan, BIA)	Amount Used to pay Tuition/School Fees

ALLOWABLE DEDUCTIONS [Please provide verification]:

STANDARD SHELTER/UTILITY EXPENSE: Does anyone in your household pay, on a monthly basis, at least one shelter/utility expense? ☐ **Yes** ☐ **No** if yes, type of shelter/utility expense(s) are paid monthly: _____

_____

DEPENDENT CARE: Does anyone in your household pay for the care of a child or other dependent when necessary for a household member to accept or continue employment or to attend training or pursue education which is preparatory to employment? ☐ **Yes** ☐ **No** If yes, name and address of person providing care:_____
Amount Paid: $_____ How often paid (weekly, monthly, etc.) _____

CHILD SUPPORT: Does anyone in your household **pay** court ordered child support? ☐ **Yes** ☐ **No** If yes, Amount ordered to pay: $ _____ Amount actually paid: $ _____

Does anyone in your household **receive** child support? ☐ **Yes** ☐ **No** If yes, Amount received: $ _____

EXCESS MEDICAL EXPENSES: Anyone in your household elderly and/or disabled? ☐ **Yes** ☐ **No** If yes, all elderly and/or disabled household members may deduct medical expenses, excluding special diets, in excess of $35 a month. Monthly total of excess medical expenses: $ _____

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AUTHORIZED REPRESENTATIVE: You may authorize the Cherokee Tribal Food Distribution to share information with/receive information from and pick up food for you (the above listed Applicant) by completing this section.

NAME(S)	ADDRESS	TELEPHONE NUMBER

Authorized Representatives are bound by the same terms and conditions under this application as the Applicant. Authorized Representatives MUST present a picture ID prior to receiving distribution for Applicant.

☐ Participant's Rights and Responsibilities received?

☐ Consent to Release Information completed?

RACIAL/ETHNIC DATA COLLECTION: This information is confidential and used soley for the end of the month reporting processes of the USDA donated Commodities in AIS (Automated Inventory System).

1. **Are you Hispanic or Latino? Choose one of the following:** ☐ Yes ***or*** ☐ No
2. **What is your race? Choose any of the following that apply**: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FAIR HEARING: If you disagree with any action taken on your case, you or your representative have the right to request a fair hearing. You may request a fair hearing in writing or orally. If you request a fair hearing, your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson.

PENALTY WARNING: If your household receives USDA food it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against the household and /or disqualification from participation in the Food Distribution Program.

1. **Do not make false or misleading statements, misrepresent, conceal, or withhold facts regarding income, resources, household size, and/or participation in the Food Stamp Program in order to obtain Food Distribution Program benefits which your household is not entitled to receive.**
2. **Do not trade or sell USDA food.**
3. **Do not participate by receiving food benefits in the SNAP Program and Food Distribution Program in the same month. Households cannot participate in more than one Food Distribution Program in the same month.**

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES: If you or any member of your household knowingly and willing violates the rules above it is considered an Intentional Program Violation (IPV). Household members determined to have committed an IPV may be ineligible to participate in the Food Distribution Program for a period of 12 months for the first violation, for a period of 24 months for the second violation; and permanently for the third violation. Individual(s) committing an IPV may be referred to authorities for prosecution.

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AUTHORIZATION: I authorize the release of any necessary information or forms to the Food Distribution Office from individuals, businesses, schools, banking institutions, Federal/State/Tribal agencies needed to determine/verify my eligibility. I understand that this information will be used only for the purpose of helping to document my eligibility for Food Distribution benefits. This authorization is good for 12 months from the date signed or until revoked by me in writing.

CERTIFICATION STATEMENT: I certify that I have read this application and that the information contained in it is true and correct to the best of my knowledge. I understand that I must comply with Program rules and provide additional documentation if required, and that falsification of information on this form may be grounds for disqualification and/or claim action. I further understand that I must report changes within ten (10) calendar days after the change becomes known, such as: a change in household size or composition; an increase in gross monthly income; a change in residence/address; when the household no longer incurs a shelter or utility expense; or a change in legal obligation to pay child support. I am not participating in the SNAP/ EBT program (formerly Food Stamps) at this time, nor do I have an active application being processed. I have received a copy of the USDA Non-Discrimination Statement, a description of the FDPIR program, my rights and responsibilities, and financial requirements and limits for the program.

Applicant's Signature_____ **Date** _____

Witness (if you signed with an X):_____

Participant has signed a copy of the CTFDP Authorization for Release of Information ☐

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AUTHORIZATION FOR RELEASE OF INFORMATION

MUST BE COMPLETED AND SIGNED IN FRONT OF A TRIBAL FOOD REPRESENTATIVE OR PUBLIC NOTORY

CHEROKEE TRIBAL FOOD DISTRIBUTION PROGRAM AUTHORIZATION TO SHARE INFORMATION ABOUT HEAD OF HOUSEHOLD (APPLICANT) WITH AUTHORIZED REPRESENTATIVES:

APPLICANT NAME LAST	FIRST	MIDDLE

FILE NUMBER	BEST CONTACT PHONE NUMBER	COUNTY OF RESIDENCY

LIST OF APPROVED REPRESENTATIVES THAT CHEROKEE TRIBAL FOOD DISTRIBUTION PROGRAM MAY SHARE INFORMATION/RECEIVE INFORMATION/ AND PICK UP FOOD FOR ABOVE LISTED APPLICANT:

NAME LAST	FIRST	MIDDLE	RELATIONSHIP
NAME LAST	FIRST	MIDDLE	RELATIONSHIP
NAME LAST	FIRST	MIDDLE	RELATIONSHIP

REASON FOR DISCLOSURE

AUTHORIZATION:

SOURCES: I authorize the information to be used or disclosed from my record(s):

☐ The following only (check all that apply):

- ☐ Entire File
- ☐ No Restrictions
- ☐ Only Information related to (specify): _____
- ☐ Only the period of events from: _____ to _____
- ☐ Other:_____

- This permission is valid for one year unless otherwise requested or until_____ (date)
- I may revoke or withdraw my permission in **writing** at any time, but that will not apply to information already disclosed.
- I understand that my records may no longer be protected under the laws that apply to Public Health and Human Services (PPHS) after this disclosure.

AUTHORIZED BY (SIGNATURE)	DATE SIGNED	EXPIRATION DATE (one year)
PRINT NAME	WITNESS(SIGN AND PRINT NAME, IF APPLICABLE)	

If I am not the person who is the subject of the records, I am authorized to sign because I am the: (attach proof of authority and current I.D.)
☐ Parent of minor ☐ Legal Guardian ☐ Personal Representative ☐ POA ☐ Other: _____

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USDA NON-DISCRIMINATION STATEMENT

Snap and FDPIR State or local agencies, and their sub-recipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights laws and U.S. Dept. of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted of funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to: (1) U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider. (Rev 4/2015)

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About FDPIR
Food Distribution Program on Indian Reservations (FDPIR)
Last Published: March 2016

This page provides an overview of Food Distribution Program on Indian Reservations (FDPIR) and a brief description of how it works and who's eligible.

Overview
The Food Distribution Program on Indian Reservations (FDPIR) program is administered at the Federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture. FDPIR is administered locally by either Indian Tribal Organizations (ITOs) or an agency of a State government. Currently, there are approximately 276 tribes receiving benefits under the FDPIR through 102 ITOs and 3 State agencies.

USDA purchases and ships FDPIR foods to the ITOs and State agencies based on their orders from a list of available foods. These administering agencies store and distribute the food, determine applicant eligibility, and provide nutrition education to recipients. USDA provides the administering agencies with funds for program administrative costs.
FDPIR is authorized under Section 4(b) of the Food and Nutrition Act of 2008 and Section 4(a) of the Agriculture and Consumer Protection Act of 1973. Federal regulations governing the program can be found at 7 CFR Parts **250**, **253**, and **254**.

- **Eligibility Requirements**

Low-income American Indian and non-Indian households that reside on a reservation, and households living in approved areas near a reservation or in Oklahoma that contain at least one person who is a member of a Federally-recognized tribe, are eligible to participate in FDPIR.

Households are certified based on financial (e.g., income) and non-financial standards set by the Federal government, and must be recertified at least every 12 months. Elderly and disabled households may be certified for up to 24 months. Households may not participate in FDPIR and the Supplemental Nutrition Assistance Program (SNAP) in the same month.

- **USDA Foods Available**

Each month, participating households receive a food package to help them maintain a nutritionally balanced diet. Participants may select from 100 products when available.

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PARTICIPANT'S RIGHTS AND RESPONSIBILITIES

Participant's Rights:

- You have the right to not experience discrimination on the basis of your race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital status, family or parental status, sexual orientation, or based on the amount of your income or where is comes from.
- You have the right to receive assistance completing the application for services.
- You have the right for your application to be processed promptly. No later than 7 calendar days (excluding weekends and holidays) after an application is filed.
- If your eligibility can not be determined by Program staff within 7 calendar days, excluding weekends and holidays, due to lack of verification, you have the right to receive the distribution of USDA foods for one (1) month pending verification being complete.
  NOTE: Food cannot be issued if the application is not acceptable or if it does not appear that the household will be eligible.
- You have the right to receive expedited application approval and service if you are in immediate need of food.
- You have the right to request a fair hearing and to continue to receive the same level of benefits pending the outcome of the hearing. You may request a hearing on any action of the Program that occurred within the past 90 days.
  NOTE: When a notice of adverse action is issued, the Participant must request a fair hearing within the time frame specified in the notice in order to continue to receive benefits a the prior authorized level.
- You have the right to be provided contact information for free legal services if available in your area.
- You have the right to file a complaint regarding how you were treated at the Cherokee Tribal Food Distribution program by calling the PHHS Compliance Officer (see contact information below) or by calling the EBCI Hotline at 1-800-455-9014.
- You have the right to have access to information regarding nondiscrimination status and policies, complaint procedures, and the rights of participants within 10 days of the date of your request.
- If you have a complaint of discrimination, you can choose to contact the USDA Regional Office by calling (866)632-9992 to request a complaint form. Send your completed complaint form or letter to USDA by mail at US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by faxing it to (202) 690-7442 or by emailing it to program.intake@usda.gov. You may also choose to file a complaint online at www.ascr.usda.gov/complaint_filing_cust.html. A complaint must be filed no later than 180 days from the date of the alleged discrimination.
- If you are deaf, hard of hearing or have speech disabilities, you may contact USDA through the Federal Relay Service at (800) 877-8339 for English or (800) 845-6136 for Spanish.

- You have the right to receive general eligibility requirements of other available assistance programs along with their contact information.
- You have the right to review materials contained in your case file as long as it is requested during normal business hours. ***However, the Program staff may withhold confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge or the nature or status of pending criminal prosecutions.***
- You have the right to receive an advance notice before any adverse action is taken (like a reduction in benefits, termination of benefits, or an over issuance claim). This should occur no less than 10 days from the date the notice is mailed to the date in which the action becomes effective.

To request an appeal hearing, please contact the EBCI PHHS Appeals Manager, Michael Stamper, during normal business hours.

Phone: (828) 359-1503

Email: mikestam@nc-cherokee.com

Mail: PO Box 666, Cherokee, NC 28719

If you have complaints, questions, or concerns regarding the CTFDP, you may contact a PHHS Compliance Officer or call/email the EBCI Compliance Hotline using the information listed below:

Dale "DJ" Robinson, Jr.
PHHS Compliance Officer
828-359-6186
Or
Anita Ledford
PHHS Compliance Officer
828-359-1502
Or the EBCI Compliance Hotline
800-455-9014
or
go to www. ebcialert.com and file an anonymous email complaint

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Participant Responsibilities:

- You are responsible to bring proof of all income for one full month, proof of your physical and mailing address (if different from your physical address), and identification for each person in the household (Social Security Cards accepted). A picture ID is required for Applicants and any Authorized Representative of the Participant (EBCI Enrollment Cards may be accepted as a pictured ID). There must be one person within the household that is an enrolled EBCI Member unless your household is located within the EBCI Boundary. Enrollment cards are required as applicable. Documents from at least two of the following categories may be provided to verify the address. (This means a document or proof must be from two (2) of the little letters below.)
    a. A valid North Carolina driver's license or other identification card issued by the North Carolina Division of Motor Vehicles;
    b. A current North Carolina rent, lease, or mortgage payment receipt, or current utility bill in you or your spouse's name, showing a North Carolina address;
    c. A current North Carolina motor vehicle registration in your name and showing the applicant's current North Carolina address;
    d. A document verifying that you are employed in North Carolina;
    e. One or more documents proving that your home in a prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home;
    f. Your tax records or that of your legal spouse, showing a current North Carolina address;
    g. A document showing that you have registered with a public or private employment service in North Carolina;
    h. A document showing that you have enrolled your children in a public or private school or a child care facility located in North Carolina;
    i. A document showing that you are receiving public assistance (such as Food Stamps) or a document stating you no longer receive public assistance, if applicable.
- You are not allowed to sell, trade, or give away USDA foods. This includes using online outlets such as Craigslist¸ eBay, yard sales, etc. It is illegal to sell or trade USDA foods.
- You may not physically abuse, threaten physical abuse, or verbally abuse anyone at the Program Facility including other Participants or Program Staff.
- You may not make false or misleading statements or misrepresent, hide or withhold facts to obtain benefits.
- You may not receive USDA foods through the Tribal Food Distribution Program and receive SNAP benefits during the same month. This is strictly prohibited.
- You are responsible to keep your appointments and to pick up your benefits at assigned times.
- If Home Delivery of your USDA foods is scheduled, you are responsible to be present at the designated time.
- You have the right and responsibility to update the Authorized Representative list as preferred.
- You are responsible to notify the Program Staff of any change in income, address, telephone number and the number of people living in your household.

- You are responsible to take only the USDA foods you will use each month.
- You have the right of refusal for any food items you deem unnecessary.
- You are responsible to pay an over issuance claim if the Program discovers that you failed to report a change and, as a result, you received USDA foods that you were no longer entitled to.
- You are responsible to submit a timely application for recertification. If you are not able to get recertified during the required timeframe, you lose your right to uninterrupted benefits.
- You are responsible to contact the Program Staff in writing or verbally, if you want to switch from the Tribal Food Distribution Program to receive SNAP benefits instead. You cannot receive benefits from both FDPIR and SNAP with the same month.
- If you are informed that your benefits have to be reduced, denied or disqualified and you request a fair hearing your benefits will continue at the same level it was authorized until the hearing results are finalized.

  NOTE: If the reduction, denial or disqualification is upheld by the hearing decision, a claim against your household must be established for all USDA foods over issued during the hearing process.
- You and/or your household could be disqualified from participation for the following program violations:
  1. Failure to pay a claim.
  2. Intentional Program Violations (IPV), as listed in above responsibilities.
  3. Being convicted of committing fraud under the Food Distribution Program by a court.
  4. Being disqualified for an Intentional Program Violation under the SNAP (Food Stamps) program will disqualify you from benefits until the SNAP disqualification has expired.

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CERTIFICATION PERIODS:

- ZERO INCOME (LITTLE CHANCE OF CHANGE) – Every 3 months.
- ZERO INCOME (FREQUENT CHANGES IN INCOME) – Every month to 2 months.
- STABLE (NON-CHANGING INCOME) – 12 months.
- ELDERLY/DISABLED (FIXED INCOME) – Up to 24 months. Must be contacted every 12 months to make sure they want to continue services.
- SELF-EMPLOYED – Recertification should fall when they receive the majority of their income.

GROSS INCOME (20% EIC DECDUCTION):

- PAYED WEEKLY – Gross amount of check x 4.3 = Gross monthly income (before 20% deduction).
- PAYED BI-WEEKLY – Gross amount of check x 2.15 = Gross monthly income (before 20% deduction).

DEDUCTIONS:

- 20% - (0.20 x Gross Income)
- Utility Deduction - $300.00
- Medical Deductions – Medical costs >$35.00

Household Size	FDPIR Net Monthly Income Standards
1	$1,147
2	$1,492
3	$1,837
4	$2,193
5	$2,567
6	$2,941
7	$3,287
8	$3,634
** Each Additional member	+$347.00